Preimplant Status

Patient Information

Admission Date for This Hospitalization

ST=  ○ Not Applicable, Patient Still Hospitalized
      ○ Unknown

Height
Enter the height of the patient at the time of implantation in inches or centimeters.

Weight
Enter the weight of the patient at the time of implantation in the appropriate space, in pounds or kilograms.

BSA

BMI

BloodType
○ O
○ A
○ B
○ AB
○ Unknown

Payor
○ Government Health Insurance
○ Commercial Health Insurance
○ Health Maintenance Organization
○ Non-U.S. Insurance
○ None / Self
○ Unknown

Government:
○ Medicare
○ Medicaid
○ State-Specific Plan
○ Correctional Facility
○ Medicare Fee For Service
○ Military Health Care
○ Indian Health Service
○ Not Applicable
○ Other, specify

Health Insurance Claim Number (HIC):

ST:  ○ Unknown
National Provider Identifier (NPI) Information

Surgeon First Name: Unknown
Surgeon Middle Name: Unknown
Surgeon Last Name: Unknown
Surgeon NPI: Unknown

Medical Support Status

Current Device Strategy at time of implant
This should be determined in conjunction with the heart failure cardiologist and surgeon at the time of the implant. This determination will be re-visited and recorded at 3 months, 6 months, and every 6 months thereafter.

- Bridge to Recovery
- Rescue Therapy
- Bridge to Transplant (patient currently listed for transplant)
- Possible Bridge to Transplant - Likely to be eligible
- Possible Bridge to Transplant - Moderate likelihood of becoming eligible
- Possible Bridge to Transplant - Unlikely to become eligible
- Destination Therapy (patient definitely not eligible for transplant)
- Other, specify

List Date for Transplant: Unknown
Enter UNOS waitlist ID number: Unknown

Time since first cardiac diagnosis
The length of time that the patient had any known cardiac diagnosis. For example, the time since the patient had a myocardial infarction, congenital heart disease was noted or the patient was noted to have heart failure.

- < 1 month
- 1 month - 1 year
- 1-2 years
- > 2 years
- Unknown

Number of cardiac hospitalizations in the last 12 months

- 0-1
- 2-3
- 4 or more
- Unknown

History of Cardiac Arrhythmia

- Yes
- No
- Unknown

If yes, check all that apply
- Atrial Fibrillation (paroxysmal or chronic)
<table>
<thead>
<tr>
<th>Other Atrial, Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Ventricular, Specify</td>
</tr>
<tr>
<td>Current ICD device in place?</td>
</tr>
<tr>
<td>If yes:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Cardiac Diagnosis</th>
</tr>
</thead>
</table>

Select primary reason for cardiac dysfunction:

- Cancer
- Congenital Heart Disease: Biventricular: CAVC/VSD/ASD
- Congenital Heart Disease: Biventricular: Congenitally Corrected Transposition (I-TGA) (CC-TGA)
- Congenital Heart Disease: Biventricular: Ebstein’s Anomaly
- Congenital Heart Disease: Biventricular: Kawasaki Disease
- Congenital Heart Disease: Biventricular: Left Heart Valve/Structural Hypoplasia
- Congenital Heart Disease: Biventricular: TOF/TOF Variant
- Congenital Heart Disease: Biventricular: Transposition of the Great Arteries (d-TGA)
- Congenital Heart Disease: Biventricular: Truncus Arteriosus
- Congenital Heart Disease: Single Ventricle: Heterotaxy / Complex CAVC
- Congenital Heart Disease: Single Ventricle: Hypoplastic Left Heart
- Congenital Heart Disease: Single Ventricle: Other
- Congenital Heart Disease: Single Ventricle: Pulmonary Artesia with IVS
- Congenital Heart Disease: Single Ventricle: Pulmonary Artesia with IVS (RVDC)
- Congenital Heart Disease: Single Ventricle: Unspecified
- Coronary Artery Disease
- Dilated Myopathy: Adriamycin
- Dilated Myopathy: Alcoholic
- Dilated Myopathy: Familial
- Dilated Myopathy: Idiopathic
- Dilated Myopathy: Ischemic
- Dilated Myopathy: Myocarditis
- Dilated Myopathy: Other, Specify
- Dilated Myopathy: Post Partum
- Dilated Myopathy: Viral
- Hypertrophic Cardiomyopathy
- Non-Compaction Cardiomyopathy
- Restrictive Myopathy: Amyloidosis
- Restrictive Myopathy: Endocardial Fibrosis
- Restrictive Myopathy: Idiopathic
- Restrictive Myopathy: Other, specify
- Restrictive Myopathy: Sarciodosis
- Restrictive Myopathy: Sec to Radiation/Chemotherapy
- Valvular Heart Disease
<table>
<thead>
<tr>
<th>Clinical Events and Interventions BEFORE Implant Hospitalization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Known Cardiac biopsy</strong></td>
</tr>
<tr>
<td>If the patient has had an endomyocardial or direct myocardial biopsy, select from the diagnoses listed in the drop down. If the patient has had more than one biopsy (within their lifetime), the one closest to implantation date should be listed. It is okay to use cardiac biopsy removed during the implant operation. If no biopsy is known, select “no biopsy known”.</td>
</tr>
<tr>
<td>○ No biopsy known</td>
</tr>
<tr>
<td>○ Sarcoidosis</td>
</tr>
<tr>
<td>○ Giant cell myocarditis</td>
</tr>
<tr>
<td>○ Eosinophilic myocarditis</td>
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<tr>
<td>○ Other myocarditis</td>
</tr>
<tr>
<td>○ Hemochromatosis</td>
</tr>
<tr>
<td>○ Mitochondrial myopathy</td>
</tr>
<tr>
<td>○ Other, specify</td>
</tr>
<tr>
<td>○ Unknown</td>
</tr>
<tr>
<td>○ None</td>
</tr>
</tbody>
</table>

| Prior Cardiovascular Intervention (non-surgical)              |
| Select all non-surgical interventions that the patient has had prior to this implant hospitalization. |
| ○ Percutaneous Coronary Intervention                          |
| ○ Permanent Pacemaker                                         |
| ○ Prior medical history of ICD (if pt. currently has ICD in place, please document in question ‘Current ICD Device in place?’ in medical support status section and do not duplicate here). |
| ○ Prior medical history of CRT (if pt. currently on CRT, please document in question ‘Current ICD Device in place?’ in medical support status section and do not duplicate here). |
| ○ CardioMEMS                                                  |
| ○ Mitraclip                                                   |
| ○ TAVR                                                       |
| ○ Other, Specify                                              |
| ○ Unknown                                                    |
| ○ None                                                       |

| Prior medical history of dialysis?                         |
| ○ Yes                                                       |
| ○ No                                                        |
| ○ Unknown                                                   |

| If yes:                                                     |
| ○ Acute                                                    |
| ○ Chronic (> 3 months)                                     |
| ○ Unknown                                                  |

| Prior Cardiovascular Intervention (surgical)                |
| Select all cardiac operations that the patient has had prior to this implant hospitalization. |
| ○ None                                                     |
| ○ CABG                                                     |
| ○ Aneuryomectomy (DOR)                                     |
| ○ Aortic Valve replacement / repair                        |
| ○ Mitral valve replacement / repair                         |
| ○ Triscuspid replacement /repair                            |
| ○ Congenital cardiac surgery                               |
| ○ LVAD, Temporary                                          |
LVAD, Durable implantable
RVAD, Durable implantable
RVAD, Temporary
TAH
Previous heart transplant
Previous ECMO
Complex Aortic Surgery
Unknown
Other, specify (INCLUDE ONLY OPERATIONS ACTUALLY PERFORMED ON HEART OR GREAT VESSELS)

Congenital cardiac surgery
Check all that apply
- Congenitally Corrected Transposition Repair (double switch)
- Congenitally Corrected Transposition Repair (classic)
- PA Banding
- TOF/DORV/RVOTO Repair
- Ebstein's Anomaly Repair
- VSD Repair
- Norwood Stage I
- Glenn, Bi-directional
- Glenn, Classical
- Fontan Procedure
- d- Transposition of the Great Vessels Repair – arterial switch operation
- d- Transposition of the Great Vessels Repair – atrial switch (Senning/Mustard)
- Truncus Arteriosus Repair
- Complete AV Septal Defect Repair
- AP Shunt
- ASD Repair
- Damus Kaye Stansel (DKS)
- Other, specify

Initial Reason for the Current Hospitalization
- Decompensated heart failure
- Open heart, cardiac surgical procedure
- Non-cardiac medical problem
- VAD placement, planned
- TAH placement, planned
- Acute MI
- Non-cardiac surgery
- Cardiogenic Shock
- Other cardiology
- Unknown

Did this patient test positive for COVID-19 prior to admission?
- Yes
- No
- Unknown

If yes, select all symptoms that apply:
- Cough
- Diarrhea
- Fever
- Anosmia (loss of sense of smell)
- Sore Throat
- Difficulty Breathing
- None
- Other, Specify
If yes, select all interventions that apply:

- Intubation
- New Inotropes
- ECMO
- Dialysis
- RVAD
- None
- Other, Specify

If yes, select all therapies the patient received (select all that apply):

- Hydroxychloroquine
- Azithromycin
- Immunoglobulin
- Anti-viral therapy
- Steroids
- Convalescent Plasma
- Interlukin 6 inhibitor
- None
- Other, Specify

Anti-viral therapy, specify:

Clinical Events and Interventions **DURING** Implant Hospitalization

**Clinical Events and Interventions this hospitalization (Pre-implant)**

Pertaining to this current hospitalization, select all events and interventions that occurred.

- Cardiac arrest
- Dialysis
- Intubation/Ventilator
- Myocardial Infarction
- Positive blood cultures
- Major Infection
- IABP
- Ultrafiltration
- Feeding tube
- ECMO
- CABG
- Aortic Valve replacement / repair
- Mitral valve replacement / repair
- Congenital cardiac surgery
- LVAD, Temporary
- RVAD, Durable implantable
- TAH
- Percutaneous Coronary Intervention
- Permanent Pacemaker
- CardioMEMS
- Mitraclip
- TAVR
- Unknown
- None
- LVAD, Durable implantable
- RVAD, Temporary

**Select Type of infection:**

- Bacterial
- Fungal
- Viral
- Protozoan
- Unknown

**Select Location of infection:**

- Blood
Endocarditis, native
Line Sepsis
Mediastinum
Pneumonia
Urine
Unknown
Other

Congenital cardiac surgery
Check all that apply

- Congenitally Corrected Transposition Repair (double switch)
- Congenitally Corrected Transposition Repair (classic)
- PA Banding
- TOF/DORV/RVOTO Repair
- Ebstein's Anomaly Repair
- VSD Repair
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- Truncus Arteriosus Repair
- Complete AV Septal Defect Repair
- AP Shunt
- ASD Repair
- Damus Kaye Stansel (DKS)
- Other, specify

Cardiac Arrest: Present at the time of durable MCS device implant
- Yes
- No
- Unknown

Dialysis: Present at the time of durable MCS device implant
- Yes
- No
- Unknown

Intubation/Ventilator: Present at the time of durable MCS device implant
- Yes
- No
- Unknown

Myocardial Infarction: Present at the time of durable MCS device implant
- Yes
- No
- Unknown

Positive blood cultures: Present at the time of durable MCS device implant
- Yes
- No
- Unknown

Major Infection: Present at the time of durable MCS device implant
- Yes
- No
- Unknown

IABP: Present at the time of durable MCS device implant
- Yes
- No
- Unknown

Preimplant Status
7/18/22

7 of 37
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrafiltration: Present at the time of durable MCS device implant</td>
<td></td>
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<tr>
<td>Feeding Tube: Present at the time of durable MCS device implant</td>
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<tr>
<td>CABG: Present at the time of durable MCS device implant</td>
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<tr>
<td>Aortic Valve replacement / repair: Present at the time of durable MCS device implant</td>
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<tr>
<td>Mitral valve replacement / repair: Present at the time of durable MCS device implant</td>
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<tr>
<td>Congenital cardiac surgery: Present at the time of durable MCS device implant</td>
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<tr>
<td>Percutaneous Coronary Intervention: Present at the time of durable MCS device implant</td>
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<tr>
<td>Permanent Pacemaker: Present at the time of durable MCS device implant</td>
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<tr>
<td>CardioMEMS: Present at the time of durable MCS device implant</td>
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<tr>
<td>Mitraclip: Present at the time of durable MCS device implant</td>
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<tr>
<td>TAVR: Present at the time of durable MCS device implant</td>
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<tr>
<td>LVAD, Durable Implantable: Present at the time of durable MCS device implant</td>
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</tr>
<tr>
<td>LVAD, Durable Implantable: Has this device already been entered into INTERMACS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LVAD, Durable Implantable: Approach to Insertion</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LVAD, Durable Implantable: Approach to Insertion
- Full Sternotomy
- Right thoracotomy only
- Percutaneous
- Left subcostal
### LVAD, Durable Implantable: Inflow
- Left ventricle, Apex
- Left ventricle, Diaphragmatic surface
- Left atrium, Interatrial groove
- Left atrium, Left atrial appendage
- Left Atrium, Dome Left Atrium
- Right Atrium (Option for Adult Congenital Cases)
- Right Ventricle (Option for Adult Congenital Cases)
- Unknown
- Other, specify

### LVAD, Durable Implantable: Outflow
- Ascending aorta
- Descending thoracic aorta
- Abdominal aorta
- Left subclavian artery
- Right subclavian artery
- Unknown
- Other, Specify

### LVAD, Durable Implantable: Brand
- HeartMate IP
- HeartMate VE
- Novacor PC
- Novacor PCq
- HeartMate XVE
- Thoratec IVAD
- Medtronic HVAD
- Berlin Heart EXCOR (paracorporeal)
- Micromed DeBakey VAD - Child
- Thoratec PVAD
- HeartMate II LVAS
- HeartMate III
- Durable Implantable: Other, Specify

### LVAD, Temporary: Present at the time of durable MCS device implant
- Yes
- No
- Unknown

### LVAD, Temporary: Approach to Insertion
- Full Sternotomy
- Right thoracotomy only
<table>
<thead>
<tr>
<th>Preimplant Status</th>
<th>7/18/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Percutaneous</td>
<td></td>
</tr>
<tr>
<td>○ Left subcostal</td>
<td></td>
</tr>
<tr>
<td>○ Right subcostal</td>
<td></td>
</tr>
<tr>
<td>○ Left Thoracotomy only</td>
<td></td>
</tr>
<tr>
<td>○ Bilateral Thoracotomy</td>
<td></td>
</tr>
<tr>
<td>○ Axillary (cut down)</td>
<td></td>
</tr>
<tr>
<td>○ Left Thoracotomy plus Mini Sternotomy</td>
<td></td>
</tr>
<tr>
<td>○ Left Thoracotomy to Right Mini Sternotomy</td>
<td></td>
</tr>
<tr>
<td>○ Unknown</td>
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<tr>
<td>○ Other, specify</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td><strong>LVAD, Temporary: Inflow</strong></td>
<td></td>
</tr>
<tr>
<td>○ Left ventricle, Apex</td>
<td></td>
</tr>
<tr>
<td>○ Left ventricle, Diaphragmatic surface</td>
<td></td>
</tr>
<tr>
<td>○ Left atrium, Interatrial groove</td>
<td></td>
</tr>
<tr>
<td>○ Left atrium, Left atrial appendage</td>
<td></td>
</tr>
<tr>
<td>○ Left Atrium, Dome Left Atrium</td>
<td></td>
</tr>
<tr>
<td>○ Right Atrium (Option for Adult Congenital Cases)</td>
<td></td>
</tr>
<tr>
<td>○ Right Ventricle (Option for Adult Congenital Cases)</td>
<td></td>
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<tr>
<td>○ Unknown</td>
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<tr>
<td>○ Other, specify</td>
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<td></td>
<td></td>
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<tr>
<td><strong>LVAD, Temporary: Outflow</strong></td>
<td></td>
</tr>
<tr>
<td>○ Ascending aorta</td>
<td></td>
</tr>
<tr>
<td>○ Descending thoracic aorta</td>
<td></td>
</tr>
<tr>
<td>○ Abdominal aorta</td>
<td></td>
</tr>
<tr>
<td>○ Left subclavian artery</td>
<td></td>
</tr>
<tr>
<td>○ Right subclavian artery</td>
<td></td>
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<tr>
<td>○ Unknown</td>
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<tr>
<td>○ Other, Specify</td>
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<td></td>
<td></td>
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<tr>
<td><strong>LVAD, Temporary: Brand</strong></td>
<td></td>
</tr>
<tr>
<td>○ Abiomed BVS 5000</td>
<td></td>
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<tr>
<td>○ Abiomed AB5000</td>
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<tr>
<td>○ TandemHeart</td>
<td></td>
</tr>
<tr>
<td>○ Thoratec Centrimag (Levitronix)</td>
<td></td>
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<tr>
<td>○ Sorin Revolution</td>
<td></td>
</tr>
<tr>
<td>○ Abiomed Impella CP</td>
<td></td>
</tr>
<tr>
<td>○ Abiomed Impella 2.5</td>
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<tr>
<td>○ Abiomed Impella 5.0</td>
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<tr>
<td>○ Abiomed Impella RP</td>
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<tr>
<td>○ Abiomed Impella 5.5</td>
<td></td>
</tr>
<tr>
<td>○ Temporary: Other, Specify</td>
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<td></td>
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<tr>
<td><strong>RVAD, Durable Implantable:</strong></td>
<td></td>
</tr>
<tr>
<td>Present at the time of durable MCS device implant</td>
<td></td>
</tr>
<tr>
<td>○ Yes</td>
<td></td>
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<tr>
<td>○ No</td>
<td></td>
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<tr>
<td>○ Unknown</td>
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<td><strong>RVAD, Durable Implantable:</strong></td>
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<tr>
<td>Has this device already been entered into</td>
<td></td>
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<tr>
<td>○ Yes</td>
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<tr>
<td>○ No</td>
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<tr>
<td>INTERMACS</td>
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<tr>
<td><strong>RVAD, Durable Implantable:</strong></td>
<td><strong>Approach to Insertion</strong></td>
</tr>
<tr>
<td></td>
<td>○ Full Sternotomy</td>
</tr>
<tr>
<td></td>
<td>○ Right thoracotomy only</td>
</tr>
<tr>
<td></td>
<td>○ Percutaneous</td>
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<tr>
<td></td>
<td>○ Left subcostal</td>
</tr>
<tr>
<td></td>
<td>○ Right subcostal</td>
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<td>○ Left Thoracotomy to Right Mini Sternotomy</td>
</tr>
<tr>
<td></td>
<td>○ Unknown</td>
</tr>
<tr>
<td></td>
<td>○ Other, specify</td>
</tr>
<tr>
<td><strong>RVAD, Durable Implantable: Inflow</strong></td>
<td>○ Right atrium</td>
</tr>
<tr>
<td></td>
<td>○ Right ventricle</td>
</tr>
<tr>
<td></td>
<td>○ Left Atrium (option for adult congenital cases)</td>
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<tr>
<td></td>
<td>○ Left Ventricle (option for adult congenital cases)</td>
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<tr>
<td></td>
<td>○ Other, Specify</td>
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<tr>
<td><strong>RVAD, Durable Implantable: Outflow</strong></td>
<td>○ MPA (main pulmonary artery)</td>
</tr>
<tr>
<td></td>
<td>○ LPA (left pulmonary artery)</td>
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<tr>
<td></td>
<td>○ RPA (right pulmonary artery)</td>
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<td>○ Aorta</td>
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<td></td>
<td>○ Conduit</td>
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<tr>
<td></td>
<td>○ Unknown</td>
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<tr>
<td><strong>RVAD, Durable Implantable: Brand</strong></td>
<td>○ Thoratec IVAD</td>
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<td>○ Medtronic HVAD</td>
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<tr>
<td></td>
<td>○ Berlin Heart EXCOR (paracorporeal)</td>
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<tr>
<td></td>
<td>○ Thoratec PVAD</td>
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<td></td>
<td>○ HeartMate III</td>
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<td>○ Durable Implantable: Other, Specify</td>
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<tr>
<td><strong>RVAD, Temporary:</strong></td>
<td><strong>Present at the time of durable MCS device implant</strong></td>
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<tr>
<td></td>
<td>○ Yes</td>
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<tr>
<td></td>
<td>○ No</td>
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<tr>
<td></td>
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</tbody>
</table>
○ Bilateral Thoracotomy
○ Axillary (cut down)
○ Left Thoracotomy plus Mini Sternotomy
○ Left Thoracotomy to Right Mini Sternotomy
○ Unknown
○ Other, specify

RVAD, Temporary: Inflow
○ Right atrium
○ Right ventricle
○ Left Atrium (option for adult congenital cases)
○ Left Ventricle (option for adult congenital cases)
○ Unknown
○ Other, Specify

RVAD, Temporary: Outflow
○ MPA (main pulmonary artery)
○ LPA (left pulmonary artery)
○ RPA (right pulmonary artery)
○ Aorta
○ Conduit
○ Unknown
○ Other, Specify

RVAD, Temporary: Brand
○ Abiomed BVS 5000
○ Biomedicus
○ Abiomed AB5000
○ TandemHeart
○ Thoratec Centrimag (Levitronix)
○ Sorin Revolution
○ Abiomed Impella CP
○ Abiomed Impella 2.5
○ Abiomed Impella 5.0
○ Abiomed Impella RP
○ Abiomed Impella 5.5
○ Temporary: Other, Specify

TAH: Present at the time of durable MCS device implant
○ Yes
○ No
○ Unknown

TAH: Has this device already been entered into INTERMACS
○ Yes
○ No

TAH: Approach to Insertion
○ Full Sternotomy
○ Right thoracotomy only
○ Percutaneous
○ Left subcostal
<table>
<thead>
<tr>
<th>Preimplant Status</th>
<th>7/18/22</th>
</tr>
</thead>
</table>

- **TAH: Brand**
  - SynCardia TAH - 50cc
  - SynCardia TAH - 70cc
  - AbioCor TAH
  - Other, Specify

- **ECMO: Present at the time of durable MCS device implant**
  - Yes
  - No
  - Unknown

- **ECMO: Approach to Insertion**
  - Full Sternotomy
  - Right thoracotomy only
  - Percutaneous
  - Left subcostal
  - Right subcostal
  - Left Thoracotomy only
  - Bilateral Thoracotomy
  - Axillary (cut down)
  - Left Thoracotomy plus Mini Sternotomy
  - Left Thoracotomy to Right Mini Sternotomy
  - Unknown
  - Other, specify

- **ECMO: Extracorporeal membrane oxygenation**
  - Veno-venous (VV) ECMO
  - Veno-arterial (VA) ECMO
  - Unknown

- **ECMO: Inflow**
  - Femoral vein
  - Left atrium, Left atrial appendage
  - Left atrium, Interatrial groove
  - Left ventricle, Apex
  - Left ventricle, Diaphragmatic surface
  - Left atrium, Dome left atrium
  - Right atrium
  - Right ventricle
  - Femoral (percutaneous)
  - Femoral (cut down)
  - Unknown
  - Other, Specify
ECMO: Outflow
○ Femoral artery
○ Ascending aorta
○ Descending thoracic aorta
○ MPA (main pulmonary artery)
○ LPA (left pulmonary artery)
○ RPA (right pulmonary artery)
○ Conduit
○ Left subclavian artery
○ Right subclavian artery
○ Femoral (percutaneous)
○ Femoral (cut down)
○ Unknown
○ Other, Specify

Was IV inotrope or vasopressor therapy used within 48 hours of implant
○ Yes
○ No
○ Unknown

If the patient has gone to the operating room for the purpose of the implant and is on intravenous inotropes of any sort, the answer should be Yes. If an agent is known to have been used but discontinued within 48 hours prior to arriving in the operating room, Yes should also be checked.

If Yes, select therapy agents
○ Dobutamine
○ Dopamine
○ Milrinone
○ Levosimendan
○ Epinephrine
○ Norepinephrine
○ Isoproterenol
○ Phenylephrine
○ Vasopressin
○ Angiotensin II
○ Other, Specify
○ Unknown

Is this implant the primary MCSD (LVAD or TAH) for this patient?
○ Yes
○ No

Did this patient test positive for COVID-19 during this pre-implant admission?
○ Yes
○ No
○ Unknown

If yes, select all symptoms that apply:
○ Cough
○ Diarrhea
○ Fever
○ Anosmia (loss of sense of smell)
○ Sore Throat
○ Difficulty Breathing
○ None
○ Other, Specify

If yes, select all interventions that apply:
○ Intubation
○ New Inotropes
The INTERMACS® Patient Profiles are required at pre-implant and at all times when an implant occurs even if this is NOT the primary LVAD or TAH implant.

**INTERMACS® Patient Profile at time of implant**

Select one. These profiles will provide a general clinical description of the patients receiving primary LVAD or TAH implants. If there is significant clinical change between the initial decision to implant and the actual implant procedure, then the profile closest to the time of implant should be recorded. Patients admitted electively for implant should be described by the profile just prior to admission.

- **1** "Critical cardiogenic shock" describes a patient who is "crashing and burning", in which a patient has life-threatening hypotension and rapidly escalating inotropic pressor support (see the Site Users Guide, Section II. 2.4 Pre-Implant Form, INTERMACS Patient Profiles for more details)
- **2** "Progressive decline" describes a patient who has been demonstrated "dependent" on inotropic support but nonetheless shows signs of continuing deterioration (see the Site Users Guide, Section II. 2.4 Pre-Implant Form, INTERMACS Patient Profiles for more details)
- **3** "Stable but inotrope dependent" describes a patient who is clinically stable on mild-moderate doses of intravenous inotropes (or has a temporary circulatory support device) after repeated documentation of failure to wean without symptoms (see the Site Users Guide, Section II. 2.4 Pre-Implant Form, INTERMACS Patient Profiles for more details)
- **4** "Resting symptoms" describes a patient who is at home on oral therapy but frequently has symptoms of congestion at rest or with ADL. (see the Site Users Guide, Section II. 2.4 Pre-Implant Form, INTERMACS Patient Profiles for more details)
- **5** "Exertion Intolerant" describes a patient who is comfortable at rest but unable to engage in any activity, living predominantly within the house or household (see the Site Users Guide, Section II. 2.4 Pre-Implant Form, INTERMACS Patient Profiles for more details)
- **6** "Exertion Limited" also describes a patient who is comfortable at rest without evidence of fluid overload, but who is able to do some mild activity (see the Site Users Guide, Section II. 2.4 Pre-Implant Form, INTERMACS Patient Profiles for more details)
- **7** "Advanced NYHA Class 3" describes a patient who is clinically stable with a reasonable level of comfortable activity, despite history of previous decompensation that is not recent (see the Site Users Guide, Section II. 2.4 Pre-Implant Form, INTERMACS Patient Profiles for more details)

**Clinical Findings**

<table>
<thead>
<tr>
<th>Ascites</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peripheral Edema</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preimplant Status</td>
<td>7/18/22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>---------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16 of 37</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] No
- [ ] Unknown
# Hemodynamics

All data collected on this form should be collected at the same time.

## General Hemodynamics

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Hemodynamics Date</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Heart rate</strong></td>
<td>beats per min</td>
</tr>
<tr>
<td><strong>Systolic blood pressure</strong></td>
<td>mmHg</td>
</tr>
<tr>
<td><strong>Diastolic blood pressure</strong></td>
<td>mmHg</td>
</tr>
<tr>
<td><strong>Mean arterial blood pressure</strong></td>
<td>mmHg</td>
</tr>
</tbody>
</table>

## ECG rhythm

Cardiac rhythm:
- Sinus
- Atrial fibrillation
- Atrial Flutter
- Atrial dysrhythmia, Other
- Atrial paced, Ventricular sensed
- Atrial sensed, Ventricular paced
- Atrial paced, Ventricular paced
- Junctional
- Not done
- Unknown
- Other, specify

## Echo Findings

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Echo Hemodynamics Date</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ST=</strong></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Not Done</td>
<td></td>
</tr>
</tbody>
</table>

Intermacs

PreImplant

7/18/22
Mitral regurgitation
Mitral regurgitation should be recorded on a qualitative scale (if "trivial" then assign as mild). Moderate-severe would be recorded as 'severe'.
0 (none)
1 (mild)
2 (moderate)
3 (severe)
Not Recorded or Not Documented

Tricuspid regurgitation
Tricuspid regurgitation should be recorded on a qualitative scale (if "trivial" then assign as mild). Moderate-severe would be recorded as 'severe'.
0 (none)
1 (mild)
2 (moderate)
3 (severe)
Not Recorded or Not Documented

Aortic regurgitation
Aortic regurgitation should be recorded on a qualitative scale (if "trivial" then assign as mild). Moderate-severe would be recorded as 'severe'.
0 (none)
1 (mild)
2 (moderate)
3 (severe)
Not Recorded or Not Documented

LVEF
0 > 50 (normal)
40-49 (mild)
30-39 (moderate)
20-29 (moderate/severe)
< 20 (severe)
Not Recorded or Not Documented
Unknown

LVEDD cm
ST.
Not Recorded or Not Documented

RVEF
Normal
Mild
Moderate
Severe
Not Done
Not Applicable
Unknown

Swan Hemodynamics

Swan Hemodynamics Date
ST.
Not Recorded or Not Documented

Pulmonary artery systolic pressure mmHg
ST.
Not done

Pulmonary artery diastolic pressure mmHg
<table>
<thead>
<tr>
<th>Hemodynamic Parameter</th>
<th>Measurement</th>
<th>ST Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Pulmonary Artery Capillary Wedge Pressure</td>
<td>mmHg</td>
<td>Unknown, Not done</td>
</tr>
<tr>
<td>Central Venous Pressure (CVP) or Right Atrial Pressure</td>
<td>mmHg</td>
<td>Unknown, Not done</td>
</tr>
<tr>
<td>Cardiac Index</td>
<td>L/min/M² (by Swan)</td>
<td>Unknown, Not done</td>
</tr>
<tr>
<td><strong>Was Cardiac Index Measured by Fick or Thermodilution?</strong></td>
<td>Yes, No, Unknown</td>
<td></td>
</tr>
<tr>
<td>Choose Method</td>
<td>Fick, Thermodilution</td>
<td></td>
</tr>
<tr>
<td>Cardiac output</td>
<td>L/min</td>
<td>Unknown, Not done</td>
</tr>
<tr>
<td><strong>Was Cardiac Output Measured by Fick or Thermodilution?</strong></td>
<td>Yes, No, Unknown</td>
<td></td>
</tr>
<tr>
<td>Choose Method</td>
<td>Fick, Thermodilution</td>
<td></td>
</tr>
<tr>
<td>Test</td>
<td>Unit</td>
<td>Value</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td>Sodium</td>
<td>mEq/L</td>
<td></td>
</tr>
<tr>
<td></td>
<td>mmol/L</td>
<td></td>
</tr>
<tr>
<td>Potassium</td>
<td>mEq/L</td>
<td></td>
</tr>
<tr>
<td></td>
<td>mmol/L</td>
<td></td>
</tr>
<tr>
<td>Blood urea nitrogen</td>
<td>mg/dL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>mmol/L</td>
<td></td>
</tr>
<tr>
<td>Creatinine</td>
<td>mg/dL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>umol/L</td>
<td></td>
</tr>
<tr>
<td>SGPT/ALT (alanine aminotransferase/ALT)</td>
<td>u/L</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SGOT/AST (aspartate aminotransferase/AST)</td>
<td>u/L</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDH</td>
<td>units/L, U/L, ukat/L</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total bilirubin</td>
<td>mg/dL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>umol/L</td>
<td></td>
</tr>
<tr>
<td>Albumin</td>
<td>g/dL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>g/L</td>
<td></td>
</tr>
</tbody>
</table>
### Pre-albumin

<table>
<thead>
<tr>
<th>ST</th>
<th>Unknown</th>
<th>Not done</th>
</tr>
</thead>
</table>

| mg/dL       | mg/L    |

### Total Cholesterol

If value is outside given range, please see 'Status (ST=)' drop down field.
If < 50 mg/dl, select from the 'Status (ST=)' drop down field.

<table>
<thead>
<tr>
<th>ST</th>
<th>&lt; 50 mg/dL</th>
<th>Unknown</th>
<th>Not done</th>
</tr>
</thead>
</table>

| mg/dL       | mmol/L    |

### Brain natriuretic peptide BNP

If value is outside given range, please see 'status (ST=)' drop down field.
If > 7500 pg/mL, select from the 'Status (ST=)' drop down field.

<table>
<thead>
<tr>
<th>ST</th>
<th>&gt; 7500 pg/mL</th>
<th>Unknown</th>
<th>Not done</th>
</tr>
</thead>
</table>

| pg/mL       | ng/L         |

### NT pro brain natriuretic peptide Pro-BNP

<table>
<thead>
<tr>
<th>ST</th>
<th>Unknown</th>
<th>Not done</th>
</tr>
</thead>
</table>

| pg/mL       | ng/L    |

### White blood cell count

<table>
<thead>
<tr>
<th>ST</th>
<th>Unknown</th>
<th>Not done</th>
</tr>
</thead>
</table>

| x10^3/uL    | x10^9/L |

### Hemoglobin

<table>
<thead>
<tr>
<th>ST</th>
<th>Unknown</th>
<th>Not done</th>
</tr>
</thead>
</table>

| g/dL        | g/L     | mmol/L   |

### Platelets

<table>
<thead>
<tr>
<th>ST</th>
<th>Unknown</th>
<th>Not done</th>
</tr>
</thead>
</table>

| x10^3/uL    | x10^9/L |

### Hemoglobin A1C

| %           | mmol/mol |

### Estimated Average Glucose (eAG):

<p>| mg/dL       |</p>
<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INR</strong> (international units)</td>
<td>Unknown or Not done</td>
<td></td>
<td>ST= Unknown or Not done</td>
</tr>
<tr>
<td><strong>Sensitivity CRP</strong> (mg/L)</td>
<td>mg/L</td>
<td>ST= Unknown or Not done</td>
<td></td>
</tr>
<tr>
<td><strong>Lupus Anticoagulant</strong></td>
<td>Positive, Negative, Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Uric acid</strong></td>
<td>mg/dL, umol/L</td>
<td>ST= &lt;1 mg/dL or Unknown or Not done</td>
<td></td>
</tr>
<tr>
<td><strong>Lymphocyte Count</strong></td>
<td>%, x10^3 cells/µL, x10^3 cells/liter</td>
<td>ST= Unknown or Not done</td>
<td>&lt;2%</td>
</tr>
</tbody>
</table>
Comorbidities

Which comorbidities were present at the time of the durable MCSD implant?

Cardiothoracic issues

**Frequent ICD Shocks**
- Yes
- No
- Unknown

**Chronic Lung Disease Definition:** Indicate whether the patient has chronic lung disease, and the severity level according to the following classification:
  - Mild: FEV1 60% to 75% of predicted or on chronic inhaled or oral bronchodilator therapy.
  - Moderate: FEV1 50% to 59% of predicted or on chronic oral/systemic steroid therapy aimed at lung disease.
  - Severe: FEV1 < 50% or Room Air pO2 < 60 or pCO2 > 50.
  - CLD present, severity not documented.
  - Unknown

**Time Frame:** Do not use values obtained more than 12 months prior to the date of surgery.

Spirometry results that have not been interpreted by a pulmonologist may be used to quantify chronic lung disease.

**Chronic Lung Disease**
- Yes
- No
- Unknown

**Type of Chronic Lung Disease**
- Obstructive
- Restrictive
- Obstructive/Restrictive
- Unknown
- Other, specify

**Degree of Dysfunction**
- Mild (FEV 60–75% predicted and/or on chronic inhaler/oral meds)
- Moderate (FEV 50–59% predicted and/or on chronic steroid)
- Severe (FEV < 50% predicted or RA pO2 < 60 or pCO2 > 50)
- Severity not documented

**Pulmonary Hypertension Definition:** Indicate whether there is physician documentation of Pulmonary Hypertension as documented by:
  - Right heart catheterization: mean pulmonary arterial pressure (PAP) > 25 mmHg at rest
  - Echocardiographic diagnosis: PA systolic pressure (PASP) > 50 mmHg
  - Mean Pulmonary Artery Pressure greater than 25 mmHg obtained from most recent right heart catheterization of right ventricular systolic pressure greater than 50 mmHg obtained from the most recent right heart catheterization or most recent echocardiogram

**Pulmonary Hypertension Intent/Clarification:** High blood pressure in the arteries that supply the lungs is called pulmonary hypertension (PHT). The blood vessels that supply the lungs constrict and their walls thicken, so they cannot carry as much blood. This information may be found on a preoperative cardiac catheterization or echocardiogram. If the value is not known or documented, the data sheet should be marked accordingly.

RV systolic pressure may be used if no PA pressure is available, provided there is no pulmonary stenosis. It is preferable to use pressures measured pre-op, prior to induction of anesthesia.

A comment in a CT scan of an “enlarged pulmonary artery” suggestive of pulmonary hypertension is not adequate for this diagnosis.

**Pulmonary Hypertension**
- Yes
- No
### Preimplant Comorbidities

#### Nutritional/GI issues

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recent Pulmonary Embolus</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defined as a pulmonary embolus occurring within 3 months of durable VAD implantation</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td><strong>History of Atrial Arrhythmia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Thoracic Aortic Disease</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defined as the presence of an aortic aneurysm, previous history or current history of aortic dissection, or history of aortic ulcer.</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td><strong>Prior Sternotomy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If yes, how many</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST: Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Severe Diabetes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defined as a Hemoglobin A1c greater than 8 mg/dl or associated with diabetic nephropathy, vasculopathy, oculopathy</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td><strong>Malnutrition/Cachexia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight loss greater than 5% of present body mass in 12 months or less</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td><strong>History of GI Ulcers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Liver Dysfunction</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicate whether the patient has a history of hepatitis B, hepatitis C, cirrhosis, portal hypertension, esophageal varices, chronic alcohol abuse or congestive hepatopathy. Exclude NASH in the absence of cirrhosis. Intent/Clarification: LFTs or a MELD score alone cannot be used to code “Yes” to liver disease since other conditions impact these lab values. Liver fibrosis with recurrent ascites, supported by the MELD can be coded as liver disease.</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td><strong>Hepatitis</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, check all that apply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Vascular issues

- **Hepatitis B Treated**
  - Yes
  - No
  - Unknown

- **Hepatitis C Treated**
  - Yes
  - No
  - Unknown

- **Heparin Induced Thrombocytopenia**
  - Yes
  - No
  - Unknown

- **Chronic Coagulopathy**
  - Yes
  - No
  - Unknown

- **Cerebrovascular Disease**
  - Yes
  - No
  - Unknown

- **History of Stroke**
  - Yes
  - No
  - Unknown

- **Type of Stroke**
  - Ischemic (embolic)
  - Hemorrhagic
  - Unknown

- **Timing of Stroke (most recent)**
  - Recent (within 30 days of admission (mRs > 2 or NIHSS > 15))
  - Remote (greater than 30 days of admission)
  - Unknown

- **History of Transient Ischemic Attack (TIA)**
  - Yes
  - No
  - Unknown

- **Asymptomatic Severe Carotid Stenosis (80% -100%)**
  - Yes
  - No
  - Unknown

**Peripheral Arterial Disease (PVD) Definition:** Indicate whether the patient has a history of peripheral arterial disease (includes upper and lower extremity, renal, mesenteric, and abdominal aortic systems). This can include:

- Claudication, either with exertion or at rest
- Amputation for arterial vascular insufficiency
- Vascular reconstruction, bypass surgery, or percutaneous intervention to the extremities (excluding dialysis fistulas and vein stripping)
- Documented abdominal aortic aneurysm with or without repair
- Positive noninvasive test (e.g., ankle brachial index \( \leq 0.9 \), ultrasound, magnetic resonance or computed tomography imaging of > 50% diameter stenosis in any peripheral artery, i.e., renal, subclavian, femoral, iliac) or angiographic imaging

Peripheral arterial disease excludes disease in the carotid, cerebrovascular arteries or thoracic aorta.
PVD does not include DVT.

### Peripheral Arterial Disease
- ○ Yes
- ○ No
- ○ Unknown

If yes, check all that apply
- □ Abdominal aortic aneurysm
- □ Upper extremity disease
- □ Lower extremity disease
- □ Mesenteric disease
- □ Renovascular disease
- □ Source not documented

### Oncology/infection issues

#### History of Solid Organ Cancer
- ○ Yes
- ○ No
- ○ Unknown

#### Currently have cancer
- ○ Yes
- ○ No
- ○ Unknown

#### History of Solid Organ Transplantation
- ○ Yes
- ○ No
- ○ Unknown

#### History of Hematopoietic Cancer
- ○ Yes
- ○ No
- ○ Unknown

#### History Of Bone Marrow Transplant BMT
- ○ Yes
- ○ No
- ○ Unknown

#### HIV
- ○ Yes
- ○ No
- ○ Unknown

### Psychosocial issues

#### Psychosocial Issues
- ○ Yes
- ○ No
- ○ Unknown

**NOTE:** Smoking History has been moved to this section.

This section includes, substance abuse disorders along with a detailed smoking history. Please read this section thoroughly and check the boxes accordingly.

If yes, check all that apply
- □ Depression
- □ History of Severe Depression
- □ Alcohol Abuse
### Potential Barriers to Heart Transplant

- **Limited Cognition**
- **Limited Family Support**
- **Noncompliance**
- **History of Narcotic Dependence**
- **Active Illicit Drug Use**
- **History of Smoking**
- **Other Specify**

#### Narcotic Dependence
- Remote use (more than 3 months ago)
- Recent use (within 3 months)
- Unknown

#### Smoking
- Remote use (more than 3 months ago)
- Recent use (within 3 months)
- Unknown

#### Advanced Age
- Yes
- No
- Unknown
- Not applicable: patient listed for transplant

#### Frailty
- Yes
- No
- Unknown
- Not applicable: patient listed for transplant

#### Patient does not want transplant
By checking yes, you are confirming that the patient does not want a heart transplant
- Yes
- No
- Unknown
- Not applicable: patient listed for transplant

#### Musculoskeletal limitation to ambulation
- Yes
- No
- Unknown
- Not applicable: patient listed for transplant

#### Contraindication to immunosuppression
- Yes
- No
- Unknown
- Not applicable: patient listed for transplant

#### Allosensitization
- Yes
- No
- Unknown
- Not applicable: patient listed for transplant

#### Chronic Renal Disease
- Yes
- No
- Unknown
- Not applicable: patient listed for transplant

#### Large BMI
- Yes
- No
- Unknown
<table>
<thead>
<tr>
<th>Chronic Infectious Concerns</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable: patient listed for transplant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable: patient listed for transplant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Medications**

**Currently using** - At the time of VAD placement.

**Known previous use within the past year** - Is intended to capture the adequacy of medical therapy prior to determining heart failure to be refractory. For instance, ACEI, beta blockers, and diuretics are considered standard necessary therapy for heart failure but may be stopped due to hypotension or renal failure during a hospitalization for severely decompensated heart failure. If patients are known to have received these agents within the past year, please check known previous use.

**No (not being used)** - If there is no reason to believe that they have taken those agents, and reasonable certainty that information is accurate, check No.

**Unknown** - If it is not known whether the patient has taken those agents within the previous year, check Unknown.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Currently using</th>
<th>Known previous use within past year</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allopurinol</strong></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><strong>Angiotensin receptor blocker drug</strong></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><strong>Amiodarone</strong></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><strong>ACE inhibitors</strong></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><strong>Beta-blockers</strong></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><strong>Aldosterone antagonist</strong></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><strong>Warfarin (coumadin)</strong></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><strong>Antiplatelet therapy drug</strong></td>
<td>○</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Known previous use (within past year)**
- [ ] Yes
- [ ] No
- [ ] Unknown

**ARNi (Entresto)**
- [ ] Yes
- [ ] No
- [ ] Unknown

**Nitric oxide**
- [ ] Yes
- [ ] No
- [ ] Unknown

**Loop diuretics**
- [ ] Yes
- [ ] No
- [ ] Unknown

**If yes, enter dosage**
Enter the total daily dose the patient received at home before hospitalization.

<table>
<thead>
<tr>
<th>ST=</th>
<th>Unknown</th>
</tr>
</thead>
</table>

**Type of Loop Diuretic:**
- [ ] Furosemide
- [ ] Torsemide
- [ ] Bumetanide
- [ ] Other

**Outpatient (prior to admission) inotrope infusion:**
- [ ] Yes
- [ ] No
- [ ] Unknown

**If Yes, select therapy agents:**
- [ ] Dobutamine
- [ ] Dopamine
- [ ] Milrinone
- [ ] Levosimendan
- [ ] Epinephrine
- [ ] Norepinephrine
- [ ] Isoproterenol
- [ ] Phenylephrine
- [ ] Vasopressin
- [ ] Angiotensin II
- [ ] Other, Specify
- [ ] Unknown

**Is patient on Metalozone/Thiazide?**
- [ ] Yes
- [ ] No
- [ ] Unknown

**If yes, then select (check one):**
- [ ] Regular
- [ ] Intermittent

**Is patient on Phosphodiesterase inhibitors?**
- [ ] Yes
- [ ] No
- [ ] Unknown

**Document Flolan here**
## Quality Of Life

QOL surveys cannot be administered after the visit date

### EuroQol (EQ-5D)

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the patient complete a EuroQol form?</td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td>How was the test administered?</td>
<td>Self-administered, Coordinator administered, Family member administered</td>
</tr>
<tr>
<td>Mobility:</td>
<td>I have no problems in walking about, I have some problems in walking about, I am confined to bed, Unknown</td>
</tr>
<tr>
<td>Self care:</td>
<td>I have no problems with self-care, I have some problems washing or dressing myself, I am unable to wash or dress myself, Unknown</td>
</tr>
<tr>
<td>Usual Activities (e.g. work, study, housework, family or leisure activities)</td>
<td>I have no problems with performing my usual activities, I have some problems with performing my usual activities, I am unable to perform my usual activities, Unknown</td>
</tr>
<tr>
<td>Pain/discomfort:</td>
<td>I have no pain or discomfort, I have moderate pain or discomfort, I have extreme pain or discomfort, Unknown</td>
</tr>
<tr>
<td>Anxiety/depression:</td>
<td>I am not anxious or depressed, I am moderately anxious or depressed, I am extremely anxious or depressed, Unknown</td>
</tr>
<tr>
<td>Patient Visual Analog Status (VAS):</td>
<td>ST= (0-100) 0=Worst, 100=Best, Unknown</td>
</tr>
<tr>
<td>Which of the following best describes your &quot;one&quot; main activity?</td>
<td>Actively working, Retired, Keeping house, Student, Seeking work, Too sick to work (disabled)</td>
</tr>
</tbody>
</table>
Please enter a number from 1 to 10 for the questions below:

**Is this *one* main activity considered:**
- Full time
- Part time
- Unknown

**How many of your close friends or relatives do you see in person, speak to on the telephone or contact via the internet at least once a month? (please count each person 1 time)**

**Have you unintentionally lost more than 10 pounds in the last year?**
- Yes
- No
- Unknown

**Do you currently smoke cigarettes?**
- Yes
- No
- Unknown

**If Yes, How many cigarettes are you currently smoking, on average?**
- Half a pack or less per day
- More than half to 1 pack per day
- 1 to 2 packs per day
- 2 or more packs per day

**Do you currently smoke e-cigarettes?**
- Yes
- No
- Unknown

**How much stress related to your health issues do you feel you’ve been under during the past month?**
(1-10) 1=No Stress, 10=Very Much Stress

**How well do you feel you’ve been coping with or handling your stress related to your health issues during the past month?**
(1-10) 1=Coping very poorly, 10=Coping very well

**How confident are you that you can do the tasks and activities needed to manage your heart failure so as to reduce how much having heart failure affects your everyday life?**
(1-10) 1=Not at all confident, 10=Totally confident

**How satisfied are you with the outcome of your therapy for heart failure during the past 3 months?**
(1-10) 1=Not satisfied, 10=Very satisfied
Kansas City Cardiomyopathy Questionnaire

Did the patient complete a KCCQ form?  
○ Yes  
○ No

How was the test administered?  
○ Self-administered  
○ Coordinator administered  
○ Family member administered

Heart Failure affects different people in different ways. Some feel shortness of breath while others feel fatigue. Please indicate how much you are limited by heart failure (shortness of breath or fatigue) in your ability to do the following activities over the past 2 weeks.

Showering/Bathing  
○ Extremely limited  
○ Quite a bit limited  
○ Moderately limited  
○ Slightly limited  
○ Not at all limited  
○ Limited for other reasons or did not do the activity  
○ Unknown

Walking 1 block on level ground  
○ Extremely limited  
○ Quite a bit limited  
○ Moderately limited  
○ Slightly limited  
○ Not at all limited  
○ Limited for other reasons or did not do the activity  
○ Unknown

Hurrying or jogging (as if to catch a bus)  
○ Extremely limited  
○ Quite a bit limited  
○ Moderately limited  
○ Slightly limited  
○ Not at all limited  
○ Limited for other reasons or did not do the activity  
○ Unknown

Over the past 2 weeks, how many times  
○ Every morning
did you have swelling in your feet, ankles or legs when you woke up in the morning?

- 3 or more times a week, but not every day
- 1-2 times a week
- Less than once a week
- Never over the past 2 weeks
- Unknown

Over the past 2 weeks, on average, how many times has fatigue limited your ability to do what you want?

- All of the time
- Several times per day
- At least once a day
- 3 or more times per week but not every day
- 1-2 times per week
- Less than once a week
- Never over the past 2 weeks
- Unknown

Over the past 2 weeks, on average, how many times has shortness of breath limited your ability to do what you wanted?

- All of the time
- Several times per day
- At least once a day
- 3 or more times per week but not every day
- 1-2 times per week
- Less than once a week
- Never over the past 2 weeks
- Unknown

Over the past 2 weeks, on average, how many times have you been forced to sleep sitting up in a chair or with at least 3 pillows to prop you up because of shortness of breath?

- Every night
- 3 or more times a week, but not every day
- 1-2 times a week
- Less than once a week
- Never over the past 2 weeks
- Unknown

Over the past 2 weeks, how much has your heart failure limited your enjoyment of life?

- It has extremely limited my enjoyment of life
- It has limited my enjoyment of life quite a bit
- It has moderately limited my enjoyment of life
- It has slightly limited my enjoyment of life
- It has not limited my enjoyment of life at all
- Unknown

If you had to spend the rest of your life with your heart failure the way it is right now, how would you feel about this?

- Not at all satisfied
- Mostly dissatisfied
- Somewhat satisfied
- Mostly satisfied
- Completely satisfied
- Unknown

How much does your heart failure affect your lifestyle? Please indicate how your heart failure may have limited your participation in the following activities over the past 2 weeks?

**Hobbies, recreational activities**

- Severely limited
- Limited quite a bit
- Moderately limited
- Slightly limited
- Did not limit at all
- Does not apply or did not do for other reasons
- Unknown
| Working or doing household chores | ○ Severe limited  
| | ○ Limited quite a bit  
| | ○ Moderately limited  
| | ○ Slightly limited  
| | ○ Did not limit at all  
| | ○ Does not apply or did not do for other reasons  
| | ○ Unknown  
| Visiting family or friends out of your home | ○ Severe limited  
| | ○ Limited quite a bit  
| | ○ Moderately limited  
| | ○ Slightly limited  
| | ○ Did not limit at all  
| | ○ Does not apply or did not do for other reasons  
| | ○ Unknown  
| If No, Please select a reason why the KCCQ was not completed: | ○ Too sick (ex., intubated/sedated, critically ill, on short-term VAD)  
| | ○ Too tired  
| | ○ Too stressed, anxious, and/or depressed  
| | ○ Can't concentrate  
| | ○ No time / too busy  
| | ○ Too much trouble / don't want to be bothered / not interested  
| | ○ Unwilling to complete instrument, no reason given  
| | ○ Unable to read English and/or illiterate  
| | ○ Administrative (check specific reason below)  
| If Administrative: Select a specific reason: | ○ Urgent/emergent implant, no time to administer QOL instruments  
| | ○ Coordinator too busy or forgot to administer QOL instruments  
| | ○ Unable to contact patient (i.e., not hospitalized or no clinic visit) within the window for QOL instrument completion  
| | ○ Other reason (describe)  
|
This requires an inside hall for which distances (in FEET) should be measured, preferably as long as possible to avoid frequent turns. Patients are instructed to walk steadily to cover as much distance as possible during the 6 minutes. They are advised that they may stop if necessary during the 6 minutes. The staff member performing the test should walk behind the patient to avoid undue influence on the pace. The distance covered during the 6 minutes in feet will be recorded here. **NOTE:** You may use the time from the first 15 feet of the 6 minute walk for the Gait speed test listed below (please see instructions for the gait speed test below.)

**6 minute walk**

<table>
<thead>
<tr>
<th>ST=</th>
<th>Not done: too sick</th>
<th>Not done: other</th>
<th>Not done: patient refused to walk</th>
<th>Unknown</th>
</tr>
</thead>
</table>

Instructions: Record the time (seconds) required for the patient to walk the first 15 feet of the 6 minute walk. The “starting” line and the 15 foot line should be clearly marked. Record the time to the first footfall at 0 feet and ends with the first footfall at 15 feet in the nearest 0.1 sec with a stopwatch. **NOTE:** You may use the time from the first 15 feet of the 6 minute walk for the Gait speed test.

**Gait Speed (1st 15 foot walk)**

<table>
<thead>
<tr>
<th>ST=</th>
<th>Not done: too sick</th>
<th>Not done: other</th>
<th>Not done: patient refused to walk</th>
<th>Unknown</th>
</tr>
</thead>
</table>

**Peak VO2 Max**

<table>
<thead>
<tr>
<th>ST=</th>
<th>Not done: too sick</th>
<th>Not done: other</th>
<th>Unknown</th>
</tr>
</thead>
</table>

Maximum volume of oxygen the body can consume during exercise (mL/kg/min) is the ml/kg/min of oxygen consumed during symptom-limited exercise testing either on a bicycle or treadmill. The values recorded during the bicycle are usually 1-2 ml/min lower than for the treadmill, but it is assumed that most institutions will use only one instrument. If both are available, the bicycle is preferable as the mode easiest to standardize.

**R Value at peak**

<table>
<thead>
<tr>
<th>ST=</th>
<th>Unknown</th>
<th>Not done</th>
</tr>
</thead>
</table>

R Value at peak is the respiratory quotient of carbon dioxide production divided by oxygen consumption, and is used as an index of how vigorously the patient exercised. A value above 1.05 is generally considered to represent an adequate effort.

**Trailmaking**

**Status:**

- Completed
- Attempted but not completed
- Not attempted
- Completed but invalid (scores not entered)

**Time:**

**Medical Condition**
<table>
<thead>
<tr>
<th>NYHA Class</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I:</td>
<td>No limitation of physical activity; physical activity does not cause fatigue, palpitation or shortness of breath.</td>
</tr>
<tr>
<td>Class II:</td>
<td>Slight limitation of physical activity; comfortable at rest, but ordinary physical activity results in fatigue, palpitations or shortness of breath.</td>
</tr>
<tr>
<td>Class III:</td>
<td>Marked limitation of physical activity; comfortable at rest, but less than ordinary activity causes fatigue, palpitation or shortness of breath.</td>
</tr>
<tr>
<td>Class IV:</td>
<td>Unable to carry on minimal physical activity without discomfort; symptoms may be present at rest.</td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>